

Registered pharmacy inspection report

Pharmacy Name: Boots, 562a Dereham Road, NORWICH, Norfolk,
NR5 8TU

Pharmacy reference: 1035302

Type of pharmacy: Community

Date of inspection: 10/10/2019

Pharmacy context

The pharmacy is in a small parade of shops in the Larkman area of Norwich. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy assembles medication into multi-compartment compliance packs for some people who need help managing their medicines. It delivers medicines to people in their own homes on six days a week. The pharmacy administers flu vaccinations during the winter season. It offers a range of Health-checks including blood pressure, glucose and cholesterol as well as a smoking cessation service. It offers a range of sexual health services including contraception under the C-Card scheme, chlamydia treatment and emergency hormonal contraception.

Overall inspection outcome

✓ Standards met

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	The pharmacy is good at monitoring the safety and quality of its services. It regularly records and reviews mistakes that happen during the dispensing process. And team members use this information to learn and improve the safety of the pharmacy's services.
2. Staff	Standards met	2.5	Good practice	Pharmacy team members implement changes to improve safety and workflows in the pharmacy.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy is good at providing its services safely and effectively. For example, it highlights prescriptions for higher-risk medicines so that there is an opportunity to speak with people when they collect these medicines. It routinely enquires about and records the results from people's blood tests.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages the risks associated with its services. It is good at recording and regularly reviewing its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they keep people's personal information safe.

Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed monthly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. A dispenser had identified that interruptions when assembling compliance packs led to an increased number of mistakes. The team had identified an alternative area to assemble the packs and this had led to a reduction in distractions. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the no-blame culture in the pharmacy where mistakes were discussed to improve learning and reduce future risk. The pharmacy had recently introduced a new computer system, which scanned the new style barcodes on dispensed medicines. The team had found that this had helped to identify when the wrong pack size had been selected and used this information to raise awareness and reduce the risk of the same mistake being repeated.

The pharmacy encouraged people to complete an annual survey and achieved 100% on their most recent result. People were also given feedback cards and invitations on till receipts to provide feedback online. The pharmacy had recently achieved a letter of congratulations about recent feedback. The complaints procedure was published in the pharmacy. Some people had commented on waiting times and the pharmacy team were careful to ensure that people were advised of a realistic waiting time when they handed their prescriptions in. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles.

The records examined were maintained in accordance with legal and professional requirements. These included: the electronic private prescription register (for private prescriptions and emergency supplies), and records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. CD balance checks were done each week. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards

were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation and had signed confidentiality agreements.

There were safeguarding procedures and staff described the actions that would be taken in the event of a safeguarding concern. There were contact details for the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

There was a one regular, full-time pharmacist. The pharmacy had two full-time trained dispensers and one part-time trainee dispenser. All team members had completed or were undertaking accredited training. All dispensary team members were trained on the medicines counter to provide a skill mix in the pharmacy. The pharmacy team were generally up-to-date with dispensing prescriptions and compliance packs as well as routine tasks such as date checking.

Pharmacy team members undertook regular ongoing learning to keep their knowledge and skills up to date. This included reading bulletins from the Superintendent, paper-based materials and an online learning portal. They had completed mandatory training including the new computer system, updates to SOPs and customer service skills. They had the opportunity to complete additional self-directed learning. The pharmacist was aware of the requirements for professional revalidation.

All the staff had annual appraisals with quarterly reviews which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. The team had regular informal meetings to discuss new developments in the pharmacy.

Team members said they felt comfortable about making suggestions and changes in the pharmacy to improve safety and workflows. They had recently relocated the area to assemble compliance packs and this had led to a reduction in interruptions. The team had produced a sign for the front counter to advise people about how long a repeat prescription would take to be processed following a change of procedures at a local surgery. Targets and incentives were in place, but the pharmacist said that these did not impact on patient safety or professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There was a designated area away from the dispensary for the assembly of compliance packs. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout and used air-conditioning to keep medicines at the right temperature.

There was a clean, bright and well-maintained consultation room with a good level of soundproofing where people could consult pharmacy team members in private. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is good at providing its services safely and effectively. It highlights prescriptions for higher-risk medicines so that there is an opportunity to speak with people when they collect these medicines. It gets its medicines from reputable suppliers and stores them properly. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And team members take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use.

Inspector's evidence

The pharmacy was accessed via a door with an automatic opener. There was a large step which made wheelchair access more difficult. The pharmacy had tried using a portable ramp, but this had been too risky with the proximity to the road. The pharmacist occasionally used the rear entrance of the premises to help wheelchair users to access the pharmacy, but this meant passing through the dispensary and care was taken to ensure that confidential information could not be inappropriately viewed. There was a portable hearing loop to assist people with compatible hearing aids and large print labels could be generated on request. The pharmacy team had trained as Dementia friends.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this. The pharmacy had the appropriate equipment and was using it to ensure that it was compliant with the Falsified Medicines Directive.

The pharmacy counselled people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood test related to these medicines. They also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were routinely recorded on the patient's medication record (PMR). Team members used laminated cards to remind them of the appropriate questions to ask when handing out the medicines. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all the people they had dispensed valproate containing medication for and issued the published support materials.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely. The pharmacy used a label on each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. These were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carer to identify the medicines. The pharmacy routinely supplied patient information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle

changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and to help with effective team communication. The person's GP requested when people should receive their medication in compliance packs. The pharmacy conducted a needs assessment before starting people on the packs. The packs were assembled in a designated area, away from the dispensary to reduce interruptions. The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage if the medicines were returned to the pharmacy. There was an electronic record with an audit trail to show the medicines had been safely delivered.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for receiving needles into the pharmacy and had received training in needlestick injury avoidance. Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services and it largely maintains it well. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. Some of the glass measures had a ring of limescale and the dispenser said that they would clean these. There was a range of appropriate infection control materials including gloves, surface wipes and single-use lancets. The anaphylaxis kits were in-date.

The pharmacy had a blood pressure meter which was replaced every two years and a cholesterol meter which was regularly checked and calibrated with control solutions. There was a correctly fitted height measure. All electrical equipment appeared to be in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract.

There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using sealed bags for secure disposal off-site.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.